PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

09/499720

l		CLAIMS A	IS FILED	- PART	1			SMALL	ENTITY		-		
			(Column 1)		(Col	(Column 2)		SMALL ENTITY TYPE		OF		OTHER THAN SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	٦	RATE		
FOR		NUMBER FILED		NUMBER EXTRA		1	BASIC FE	E 150.00	OF	BASIC FE			
Ţ	OTAL CHARGE	24 m	24 minus 20=		•		X\$ 25=		7	140.00			
INDEPENDENT CLAIMS 5 minus					•			X100=	 	- OF	7	┵	
MULTIPLE DEPENDENT CLAIM PRESENT								×100=		OR	X200=	-	
* If the difference in column 1 is less than zero, enter "0" in							'	+180=		OR	+360=		
•								TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
		CLAIMS		HIGH		(Column 3)	7 -	SMALL	~	10H	SMALL	_	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
Ş	Total	· 24	Minus	- Z	i j	<u> </u>		X\$ 25=		OR	X\$50=		
AME	Independent	ENTATION OF M	Minus	6	5	=		X100=		OR	X200=	1	
L	TINOT PHESI	ENTATION OF M	OLTIPLE DE	PENDENI	CLAIM			·		1		 	
	•			•			L	+180=		OR	+360=		
						•	A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	L	
_		(Column 1)	γ	(Colum		(Column 3)							
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·		Minus	** (=		X\$ 25=		OR	X\$50=		
	Independent	*	Minus	###		E '		X100=			X200=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		-			OR	72002		
							L	+180=		OR	+360=		
					•		AD	TOTAL DIT. FEE		OR	TOTAL DDIT, FEE		
		(Column 1)		. (Column	12)	Column 3)			•••				
MEN		CLAIMS REMAINING AFTER, AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	84			5	(\$ 25=			X\$50=		
	Independent		Minus	***		-	-			OR			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ľ	(100=		OR	X200=	• •	
H. •	the entry in colum	nn 1 is less than the	entry in colu	nn 2. write "C	in coku	inn 3.	Ŀ	180=		DR	+360=		
	the "Highest Nur the "Highest Nur	nber Previously Painber Previously Paid ber Previously Paid ber Previously Paid	d For IN THIS Id For IN THIS	S SPACE IS 16 S SPACE IS 16	ess than	20, enter "20."		TOTAL DIT. FEE		OR AI	TOTAL DOIT, FEE		
		, .,	(101000		7 ~ 410 fl	guesi number	:OUTIO	es me appr	opnate box	m) Coltu	mn.1.		